

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000051724

1. Limited Liability Company's Name

Global Tower Services LLC

05

FILED

09 OCT 14 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400161714944
10/14/09--01042--001 **698.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

2933 Fairmont Drive

Suite, Apt. #, etc.

3. Mailing Office Address

5156 Belmore Ct

Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Suwanee GA

Zip

32405

Country

US

Zip

30024

Country

US

4. State/Country of Formation

Florida/Bay

5. Date Organized or Qualified

To Do Business in Florida 07/08/2004

6. FEI Number

20-1143803

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Stephanie Parker

Street Address (P.O. Box Number is Not Acceptable)

2933 Fairmont Drive

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date 10/13/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Stephanie L Parker	2933 Fairmont Drive	Panama City FL 32405

REINSTATEMENT

Without Penalty
05, 06, 07, 08 & 2009 up 10/22

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

[Signature]

Date 10/13/09

Daytime Phone # 850.819.3528

Typed or printed name of signing Managing Member/Manager Stephanie Parker